

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Creative Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 01 / 2017	
Mailing Address 25 E Main Street		Amount 18500.00	
City Richmond	State VA	Zip Code 23219	Transaction ID : 001
Purpose of Expenditure Direct Mail	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 27 / 2017	
Name of Federal Candidate Quist, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought 1695349.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	

Full Name of Payee Creative Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 01 / 2017	
Mailing Address 25 E Main Street		Amount 18500.00	
City Richmond	State VA	Zip Code 23219	Transaction ID : 002
Purpose of Expenditure Direct Mail	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 27 / 2017	
Name of Federal Candidate Gianforte, Greg, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought 1713849.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	37000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 03 / 2017

Signature